



03-06-03

AF/3629  
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Approved for use through 10/31/2002, OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/082,398	
	Filing Date	February 25, 2002	
	First Named Inventor	Salim G. Kara	
	Group Art Unit	3629	
	Examiner Name	E. Cosimano	
Total Number of Pages in This Submission	12	Attorney Docket Number	61135/P004CP1CP1C2/10107404

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached \$220.00 <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Two Terminal Disclaimers <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i>  Return Postcard Amendment Transmittal Letter Check in the amount of \$220.00
Remarks		

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MAR 12 2003

GROUP 3600

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	FULBRIGHT & JAWORSKI L.L.P. R. Ross Viguet
Signature	
Date	March 5, 2003

### Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV259595058, in an envelope addressed to: Box AF, Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: March 5, 2003

Signature: (Lisa deCordova)



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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 220.00)

## Complete if Known

Application Number	10/082,398
Filing Date	February 25, 2002
First Named Inventor	Salim G. Kara
Examiner Name	E. Cosimano
Group Art Unit	3629
Attorney Docket No.	61135/P004CP1CP1C2/10107404

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account

Deposit Account Number 06-2380

Deposit Account Name Fulbright & Jaworski L.L.P.

The Commissioner is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)		1814	2 - Statutory Disclaimers
			220.00
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$ 220.00)	

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$ 0.00)			

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	** =		
Multiple Dependent	** =		

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0.00)		

\*\* or number previously paid, if greater. For Reissues, see above

Complete (if applicable)

Name (Print/Type)	R. Ross Viguet	Registration No. (Attorney/Agent)	42,203	Telephone	(214) 855-8185
Signature	<i>R. Ross Viguet</i>			Date	March 5, 2003

## Fee Transmittal

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Dated: March 5, 2003

Signature: *Lisa deCordova* (Lisa deCordova)

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GROUP 3600


**AMENDMENT TRANSMITTAL LETTER**

Docket No.  
61135/P004CP1CP1C2/10107404

Application No.  
10/082,398

Filing Date  
February 25, 2002

Examiner  
E. Cosimano

Art Unit  
3629

Applicant(s): Salim G. Kara

Invention: SYSTEM AND METHOD FOR PRINTING MULTIPLE POSTAGE INDICIA

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Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**GROUP 3600**

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	36	- 36 =		x	0.00
<b>Independent Claims</b>	4	- 4 =		x	0.00
<b>Multiple Dependent Claims (check if applicable)</b>					
<b>Other fee (please specify): Filing 2- Terminal Disclaimers</b>					\$220.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					\$220.00

 Large Entity

 Small Entity

 No additional fee is required for this amendment.

 Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

 A check in the amount of \$ 220.00 to cover the filing fee is enclosed.

 Payment by credit card. Form PTO-2038 is attached.

 The Commissioner is hereby authorized to charge and credit Deposit Account No. 06-2380 as described below. A duplicate copy of this sheet is enclosed.

 Credit any overpayment.

 Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
R. Ross Viguet  
Attorney Reg. No.: 42,203

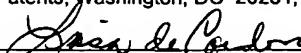
Dated: March 5, 2003

FULBRIGHT & JAWORSKI L.L.P.  
2200 Ross Avenue, Suite 2800  
Dallas, Texas 75201-2784  
(214) 855-8185

**Amendment Transmittal**

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Dated: March 5, 2003

Signature:  (Lisa deCordova)